

CLAIMS ONLY							Application Number 10/107729		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	/										
2		/									
3		/									
4		/									
5		/									
6		/									
7		/									
8		/									
9		/									
10		/									
11		/									
12		/									
13		/									
14		/									
15		/									
16		/									
17		/									
18		/									
19		/									
20	/										
21		/									
22		/									
23		/									
24		/									
25		/									
26		/									
27		/									
28	/										
29		/									
30		/									
31		/									
32		/									
33		/									
34		/									
35		/									
36		/									
37		/									
38		/									
39		/									
40		/									
41		/									
42		/									
43		/									
44	/										
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											
97											
98											
99											
100											
Total Indep	4							Total Indep			
Total Depend	40							Total Depend			
Total Claims	44							Total Claims			